

EXHIBIT 19

U.S. Department of Homeland Security

Immigration Detainer - Notice of Action

Subject ID: 305448155

Event #: CDC1103001876

File No: A075 311 733

Date: March 16, 2011

TO: (Name and Title of Institution)

STATEVILLE CORRECTIONS
16300 ROUTE 53
CRESTHILL, IL 60434

ATT: BARRY

FROM: (Office Address)

DRO - Chicago, IL Chicago Deport Center
101 W. CONGRESS PARKWAY, SUITE 4000
CHICAGO, IL 60605

ATT:

Name of Alien: MAYOROV, Sergey VitaliyevichDate of Birth: 10/15/1990Nationality: BELARUSSex: MState Criminal Number : IL60535010

You are advised that the action noted below has been taken by the U.S. Department of Homeland Security concerning the above-named inmate of your institution:

- ☐ Investigation has been initiated to determine whether this person is subject to removal from the United States.
- ☐ A Notice to Appear or other charging document initiating removal proceedings, a copy of which is attached, was served on _____

(Date)

- ☐ A warrant of arrest in removal proceedings, a copy of which is attached, was served on _____

(Date)

- ☐ Deportation or removal from the United States has been ordered.

It is requested that you:

Please accept this notice as a detainer. This is for notification purposes only and does not limit your discretion in any decision affecting the offender's classification, work, and quarters assignments, or other treatment which he or she would otherwise receive.

- ☐ Under Federal regulation 8 CFR § 287.7, DHS requests that you maintain custody of this individual for a period not to exceed 48 hours (excluding Saturdays, Sundays, and Federal holidays) to provide adequate time for DHS to assume custody of the alien. Please notify this Office at least 30 days prior to this inmate's release by calling _____ during business hours or _____ after hours in an emergency. (Area code and phone number)

- ☐ Please complete and sign the bottom block of the duplicate of this form and return it to this office.

- ☐ A self-addressed stamped envelope is enclosed for your convenience.

- ☐ Please return a signed copy via facsimile to _____ (Area code and facsimile number)

Return fax to the attention of _____, at _____ (Name of officer handling case) (Area code and phone number)

- ☐ Notify this office of the time of release at least 30 days prior to release or as far in advance as possible.

- ☐ Notify this office in the event of the inmate's death or transfer to another institution.

- ☒ Please cancel the detainer previously placed by this Office on _____

GIUSEPPE DIMAGGIO

(Signature of DHS Officer)

Immigration Enforcement Agent

(Title of DHS Officer)

Receipt acknowledged:

Date of last conviction: _____ Latest conviction charge: _____

Estimated release date: _____

Signature and title of official: _____

U.S. Department of Homeland Security

Subject ID : 305448155

Record of Deportable/Inadmissible Alien

Family Name (CAPS) MAYOROV, Sergey Vitaliyevich		First	Middle	Sex M	Hair BLK	Eyes BRO	Complexion MED
Country of Citizenship BELARUS	Passport Number and Country of Issue	File Number Case No: CDC1103001876 A075311733		Height	Weight	Occupation	
U.S. Address				Scars and Marks			
Date, Place, Time, and Manner of Last Entry Unknown Date, Unknown Time				Passenger Boarded at			
Number, Street, City, Province (State) and Country of Permanent Residence				F.B.I. Number [REDACTED]			
Date of Birth 10/15/1990 Age: 20				Date of Action			
City, Province (State) and Country of Birth BELARUS				Location Code CHI/CDC			
NIV Issuing Post and NIV Number				Form : (Type and No.) Lifted <input type="checkbox"/> Not Lifted <input type="checkbox"/>			
Date Visa Issued				Social Security Account Name			
Immigration Record POSITIVE - See Narrative				Criminal Record None Known			
Name, Address, and Nationality of Spouse (Maiden Name, if Appropriate)				Number and Nationality of Minor Children			
Father's Name, Nationality, and Address, if Known				Mother's Present and Maiden Names, Nationality, and Address, if Known			
Monies Due/Property in U.S. Not in Immediate Possession None Claimed				Fingerprinted? <input type="checkbox"/> Yes <input type="checkbox"/> No Systems Checks			
Name and Address of (Last)(Current) U.S. Employer				Charge Code Words(s)			
Type of Employment				Salary			
				Employed from/to			
				Hr			
Narrative (Outline particulars under which alien was located/apprehended. Include details not shown above regarding time, place and manner of last entry, attempted entry, or any other entry, and elements which establish administrative and/or criminal violation. Indicate means and route of travel to interior.) NCIC Level 1 Record of Deportable/Excludable Alien: *****UPDATE 11-28-2011***** Detainer lifted per SIEA Wright, Sean, Subject derived USC. IDOC: M18346 FINS 1034058709 Subject was queried by Stateville on 12/30/2010 and is in custody at the Vienna Corr Ctr with a 4 year sentence for Res. Burglary (eligible for parole 12/24/2012, PRD 12/24/2014). Subject is a LPR (AS8) since 2005 but was determined removable due to this conviction. Most recent encounter/event for this subject was created BEFORE this conviction was made. Detainer placed by IEA DiMaggio and faxed to Vienna Records at 618-658-3609							
Alien has been advised of communication privileges _____ (Date/Initials)				(Signature and Title of Immigration Officer)			
Distribution:				Received: (Subject and Documents) (Report of Interview)			
				Officer: _____			
				on: _____ (time)			
				Disposition: Detainer			
				Examining Officer: _____			

Form I-213 (Rev. 08/01/07)